PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number

Effective January 1, 2003

10-657-692

									10001012					
		CLAIMS AS	S FILED - PART I (Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN			
TOTAL CLAIMS			73				Γ	RATE	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	375.00	OR	BASIC FEE	750.00		
TOTAL CHARGEABLE CLAIMS			74 minus 20=		* 54		Γ	X\$ 9=	486	OR	X\$18=			
INDEPENDENT CLAIMS			g minus 3 =		* 5		r	X42=	210	OR	X84=			
MULTIPLE DEPENDENT CLAIM P			RESENT		X			+140=		OR	+280=			
* If	the difference	in column 1 is	less than z	ero, enter	"0" in c	column 2	L	TOTAL	140	OR	TOTAL			
	C		MENDED - PART II (Column 2)			(Cal 0)		SMALL I	-NTITY	OR	OTHER SMALL			
		(Column 1)		(Colur HIGH		(Column 3)	-				OIIIAEE 1			
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=			
	Independent	*	Minus	***		=	T	X42=		OR	X84=			
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM			+140=		OR	+280=			
							L	TOTAL			TOTAL			
								DDIT. FEE		OR	ADDIT. FEE			
(Column 1) (Column 2) (Column														
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=			
	Independent	* NTATION OF M	Minus	***	CLAIN	=		X42=		OR	X84=			
<u></u>	FINST PRESE	NTATION OF M	OLIPLE DE	PENDENI	CLAIM			+140=		OR	+280=			
							ΑŒ	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE			
		(Column 1)		(Colur	nn 2)	(Column 3)								
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=			
	Independent	*	Minus	***		=		X42=			X84=			
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM		-			OR				
	If also see the second				407 •			+140=		OR	+280=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE														
		nber Previously Pa					r foun	d in the app	oropriate box	k in co	lumn 1.			